

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee | - | Total |
|------------------------------|-------------------|-----------------|---|-----------|-----------|---|-------|
| Sm./Lg. | | | | Sm. Entry | Lg. Entry | | |
| Basic Filing Fee | 201/101 | 4 | | | 690 | | |
| Total Claims > 20 | 203/103 | 20 | X | | | | |
| Independent Claims > 1 | 202/102 | 3 | X | | | | |
| Multi. Dep Claim Present | 204/104 | | | | | | |
| Surcharge | 205/105 | | | | 130 | | |
| English Translation | 119 | | | | | | |
| <u>TOTAL FEE CALCULATION</u> | | | | | | | |

Fees due upon filing the application:

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ 820

mt

Office of Initial Patent Examination

Figure 7